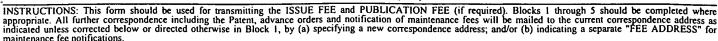
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000



or <u>Fax</u>

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any chi 7590 02/24/2005 Law Offices of Thomas J. Schab Attn: Thomas J. Schab, Esq. 247 Ruth St. Calumet City, IL 60409 /01/2005 LWONDIM2 00000037 10749054		ny change of address)	Fee(c) Transmittal	of mailing can only be used in this certificate cannot be used ional paper, such as an assignment of mailing or transmission.	for any other accompanying
		MAY 3 1 2005	~ %	Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Ur	
			At Thom	os A. Schob	(Signature)
C:2501	700.00 DP	RADE	May.	24, 2005	(Date)
C 1504 APPLICATION NO.	FILINGO APE OP	FIRST N	NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/749,054	12/30/2003	Vinc	cenzo Auricchio	VA-1	7402
APPLN. TYPE nonprovisional	SMALL ENTITY YES	ISSUE FEE \$700	PUBLICATION FEE \$300	TOTAL FEE(S) DUE	DATE DUE 05/24/2005
EXAM		ART UNIT	CLASS-SUBCLASS	— <u> </u>	"
LAYNO, BENJAMIN		3711	273-274000		•
☐ "Fee Address" indication (or "Fee Address" Indica PTO/SB/47; Rev 03-02 or more recent) attached. Use Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE		of a Customer listed	a Customer 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.		
			Il appear on the patent. If an assistitute for filing an assignment.	signee is identified below, the	document has been filed fo
(A) NAME OF ASSIGNE	E ·	(B) RESII	DENCE: (CITY and STATE OR C	COUNTRY)	·
					_
Please check the appropriate 4a. The following fee(s) are e			n the patent): Individual cent of Fee(s):	Corporation or other private gr	roup entity Government
.a. 1.10 10110 11116 100(0) are c			check in the amount of the fee(s) is	s enclosed. TWO CHECKS	TOTALLUA \$1000
🔀 Issue Fee	•) Pay	ment by credit card. Form PTO-2	038 is attached.	25
Publication Fee (No sn		•			
Publication Fee (No sn	Copies	The	e Director is hereby authorized bit Account Number	y charge the required fee(s), or (enclose an extra	credit any overpayment, to copy of this form).
Publication Fee (No sn Advance Order - # of 5. Change in Entity Status (Copies from status indicated above)	The Deposi	It Account Number	(enclose an extra d	copy of this form).
Publication Fee (No sn Advance Order - # of some states (5. Change in Entity Status (a. Applicant claims SM	from status indicated above) AALL ENTITY status. See 3	The Deposi	e Director is hereby authorized be it Account Number Applicant is no longer claiming SN (if any) or to re-apply any previous other than the applicant; a	// (enclose an extra o	CFR 1.27(g)(2).
Publication Fee (No sn Advance Order - # of some in Entity Status (a. Applicant claims SM	from status indicated above) AALL ENTITY status. See 3	The Deposi	Applicant is no longer claiming SN	// (enclose an extra o	CFR 1.27(g)(2).

an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.